ILHIE ILLINOIS HEALTH INFORMATION EXCHANGE

PROMISING USE CASES IN ELECTRONIC DATA SHARING
Mental Health Triage in the Emergency Department

ILHIE Webinar
Thursday, March 14, 2013

Presented by Illinois Office of Health Information Technology
Dia Cirillo, Behavioral Health Project Director

Mental Health Triage in the Emergency Department

Promising Use Case for Today's Discussion:

- **Mental Health Centers of Central Illinois**
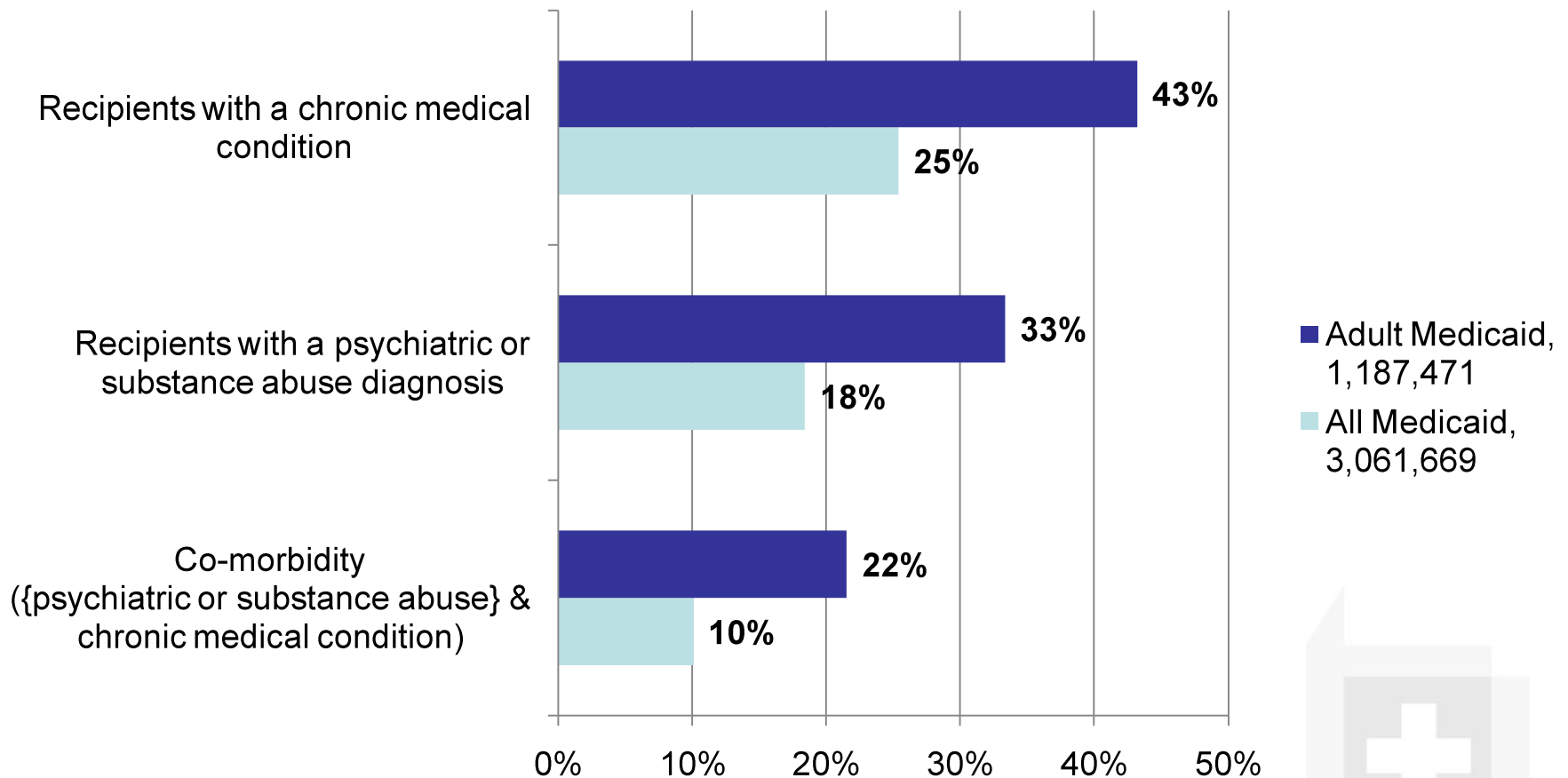 Jim Wilkerson, Director of Quality Management and Outcome Evaluation

Hallmarks of a promising use case:

- Patient-centered
- Program specificity
- Clear service efficiencies
- Scalable and replicable

Essential for use case sustainability:

- Electronic exchange requires process restructuring in a pilot project driven by change management among all trading partners

Behavioral Health Disorders in the Medicaid Population

Recipients with a chronic medical condition
- Adult Medicaid: 43%
- All Medicaid: 25%

Recipients with a psychiatric or substance abuse diagnosis
- Adult Medicaid: 33%
- All Medicaid: 18%

Co-morbidity ({psychiatric or substance abuse} & chronic medical condition)
- Adult Medicaid: 22%
- All Medicaid: 10%

Legend:
- Adult Medicaid, 1,187,471
- All Medicaid, 3,061,669

X-axis: 0%, 10%, 20%, 30%, 40%, 50%

Source: Illinois Department of Healthcare & Family Services, October 2012

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What is ILHIE Direct?

…a secured, encrypted messaging service that is HIPAA compliant
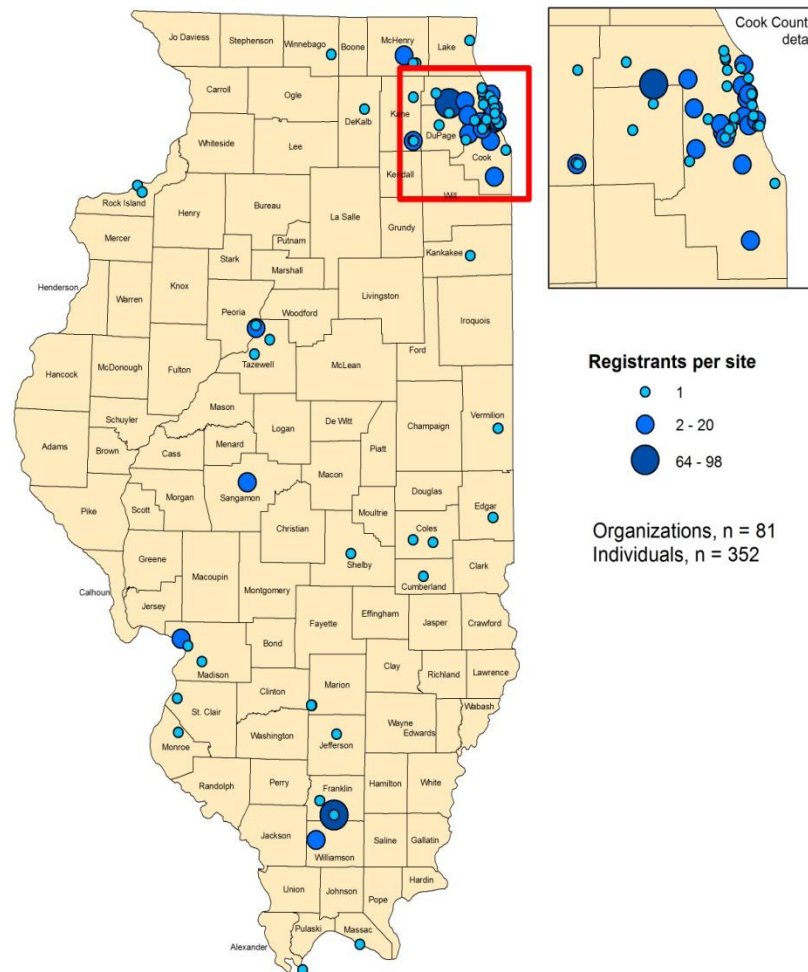
How it works:

- Scan and send a record and/or consent form via ILHIE Direct

- **All you need is:**
  - An Internet connection
  - A web browser
  - A trading partner

- **You do not need:**
  - An Electronic Health Record (EHR) system.

ILHIE Direct Registrants by Organization

BHIP Cohort as of 2/8/13

Registrants per site

- 1
- 2 - 20
- 64 - 98

Organizations, n = 81
Individuals, n = 352

Mental Health Centers of Central Illinois (MHCCI)

Jim Wilkerson

Director of Quality Management and Outcome Evaluation

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MHCCI

- Private, not-for-profit organization providing high-quality, comprehensive behavioral health and rehabilitation services

- An affiliate of Memorial Health System, MHCCI is one of the largest providers of behavioral health services in central Illinois

- MHCCI has more than 65 years of experience caring for children, adolescents, and adults

- Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF)

- 7 sites of care located in Springfield, Lincoln, and Jacksonville serving 6 counties (Logan, Mason, Menard, Morgan, Sangamon and Scott)

- Total Clients Served FY11 (unduplicated) 9,163

MENTAL HEALTH CENTERS
OF CENTRAL ILLINOIS
A Memorial Health System Affiliate

- We chose to focus on the hospitals because we see this interaction as a key component to quality patient services and future projects

- A new electronic note has been developed (replacing the hardcopy State of Illinois' Universal Screening and Referral Form) which will allow electronic transmission of and tracking of data

- MHCCI data are sent to Memorial Medical Center via ILHIE Direct upon admission

- Memorial Medical Center data are sent to MHCCI via ILHIE Direct upon discharge

- More timely and efficient services
  - The use of ILHIE Direct and electronic data allows transmissions to the hospital on evenings and weekends.
  - The new form allows the sharing of a crisis plan

- Project team consisting of clinical, records, and IT staff was selected from both partners
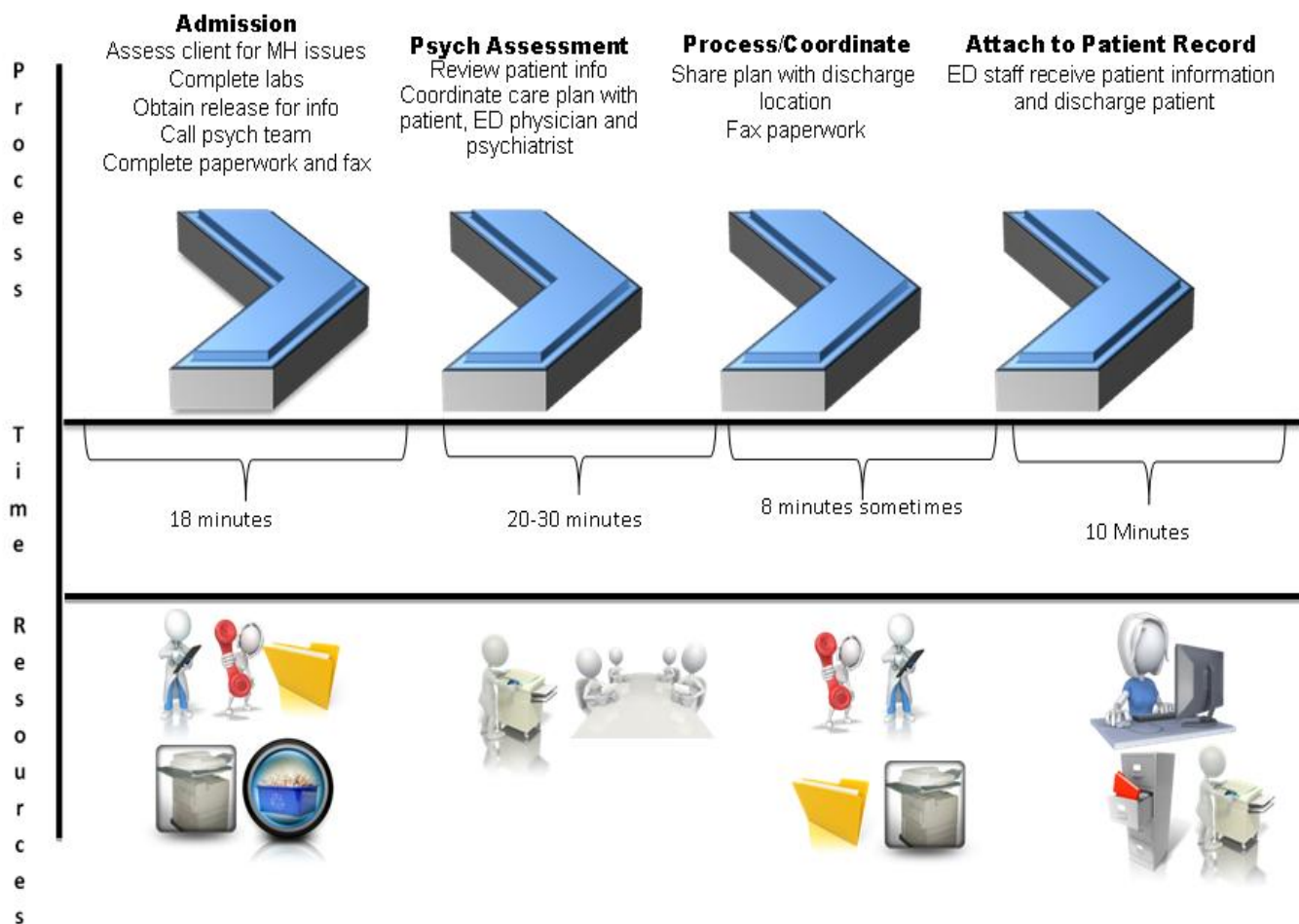
Change Process

- Processes were reviewed and adjusted to accommodate the new system

- Consent management process was reviewed but remained the same

- Staff were trained in the new processes and in the use of ILHIE Direct

- New forms and reports were developed

ILHIE

Before ILHIE Direct: ED Admission/Assessment

Process

Admission
Assess client for MH issues
Complete labs
Obtain release for info
Call psych team
Complete paperwork and fax

Psych Assessment
Review patient info
Coordinate care plan with patient, ED physician and psychiatrist

Process/Coordinate
Share plan with discharge location
Fax paperwork

Attach to Patient Record
ED staff receive patient information and discharge patient

Time

18 minutes

20-30 minutes

8 minutes sometimes

10 Minutes

Resources

TIME

1 hr/case
>**2000 hrs/yr for ~2000 cases**

SERVICE CHALLENGE

Lengthy paper-based process; Incomplete patient information

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ILHIE

With ILHIE Direct: ED Admission/Assessment

Process

Admissions
ED staff assesses client for potential MH issues and pulls labs; obtains release of info from CMHC; calls psych team

Psych Assessment
Psych staff assesses patient and coordinates with on call psychiatrist and ED physician approves plan of care

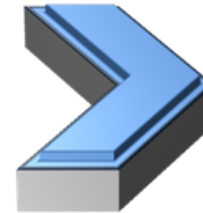**Care Coordination**
Psych staff completes note in discharge summary and submits patient data to discharge location

Time

3-5 minutes

20-30 minutes

3-5 minutes

Resources

TIME SAVED
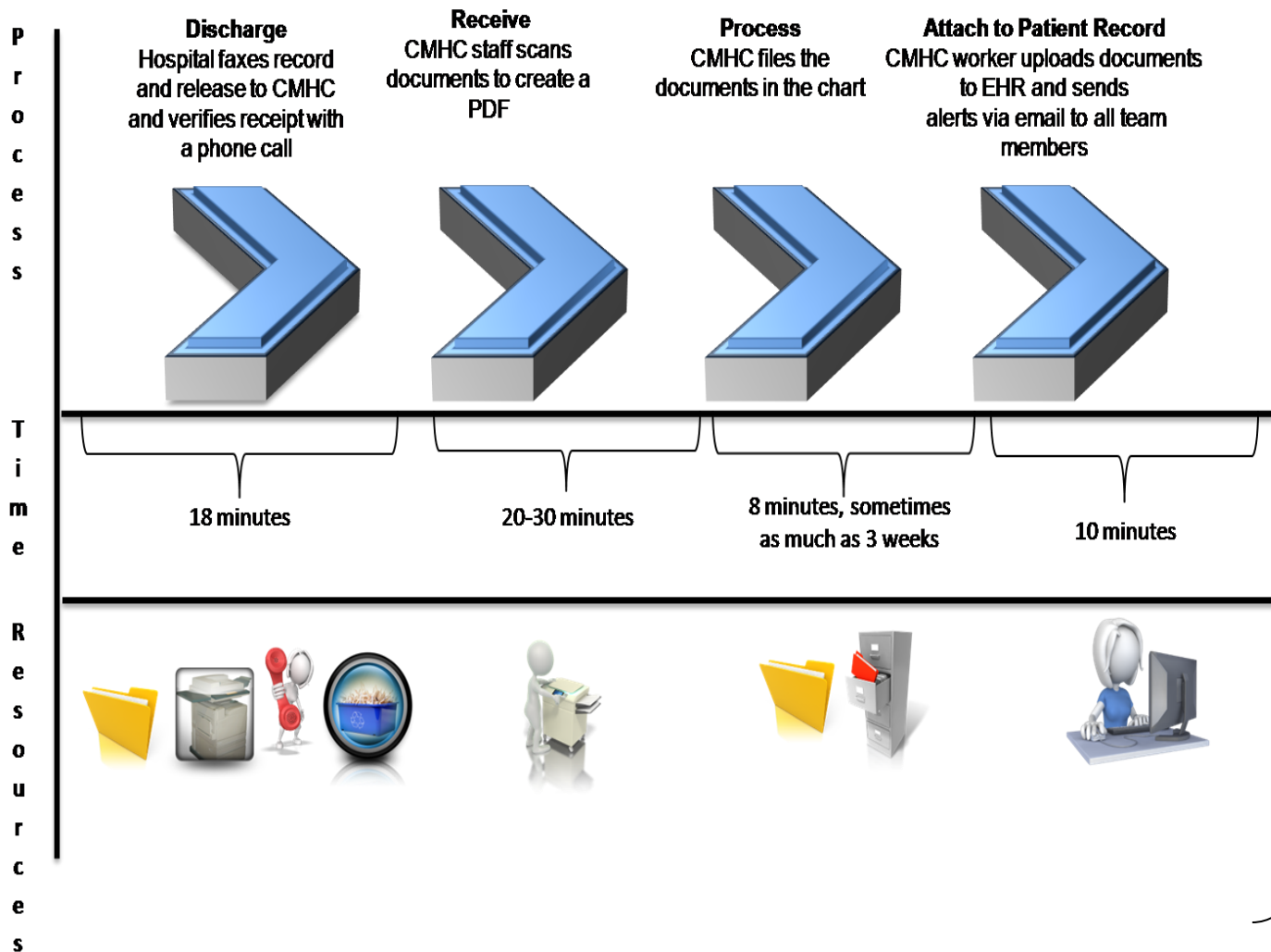
20 mins/case

667 hrs/yr for ~2000 cases

SERVICE IMPROVEMENT

Quickly exchange patient health info in secure environment; Build health record that includes MH issues

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ED Discharge of Patient Presenting Mental Health Disorder

Before ILHIE Direct at Discharge

Process

Discharge
Hospital faxes record and release to CMHC and verifies receipt with a phone call

Receive
CMHC staff scans documents to create a PDF

Process
CMHC files the documents in the chart

Attach to Patient Record
CMHC worker uploads documents to EHR and sends alerts via email to all team members

Time

18 minutes

20-30 minutes

8 minutes, sometimes as much as 3 weeks

10 minutes

Resources

TIME

1 hr/case

>**2000 hrs/yr for ~2000 cases**

SERVICE CHALLENGE

Lengthy paper-based process; incomplete information at time of encounter
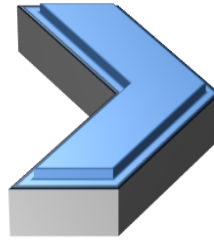
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ILHIE

With ILHIE Direct at Discharge

Process

Discharge/Transmit
Hospital creates a PDF from the EHR of the record and release, transmits to CMHC and follows up with a phone call

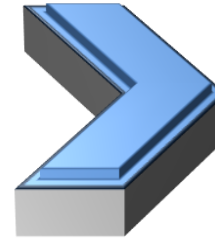**Receive**
CMHC staff receives documents through ILHIE Direct

Attach to Patient Record
CMHC worker uploads documents to EHR and sends alerts via email to all team members

Time

5-10 minutes

5-10 minutes

5-10 minutes

Resources

TIME SAVED
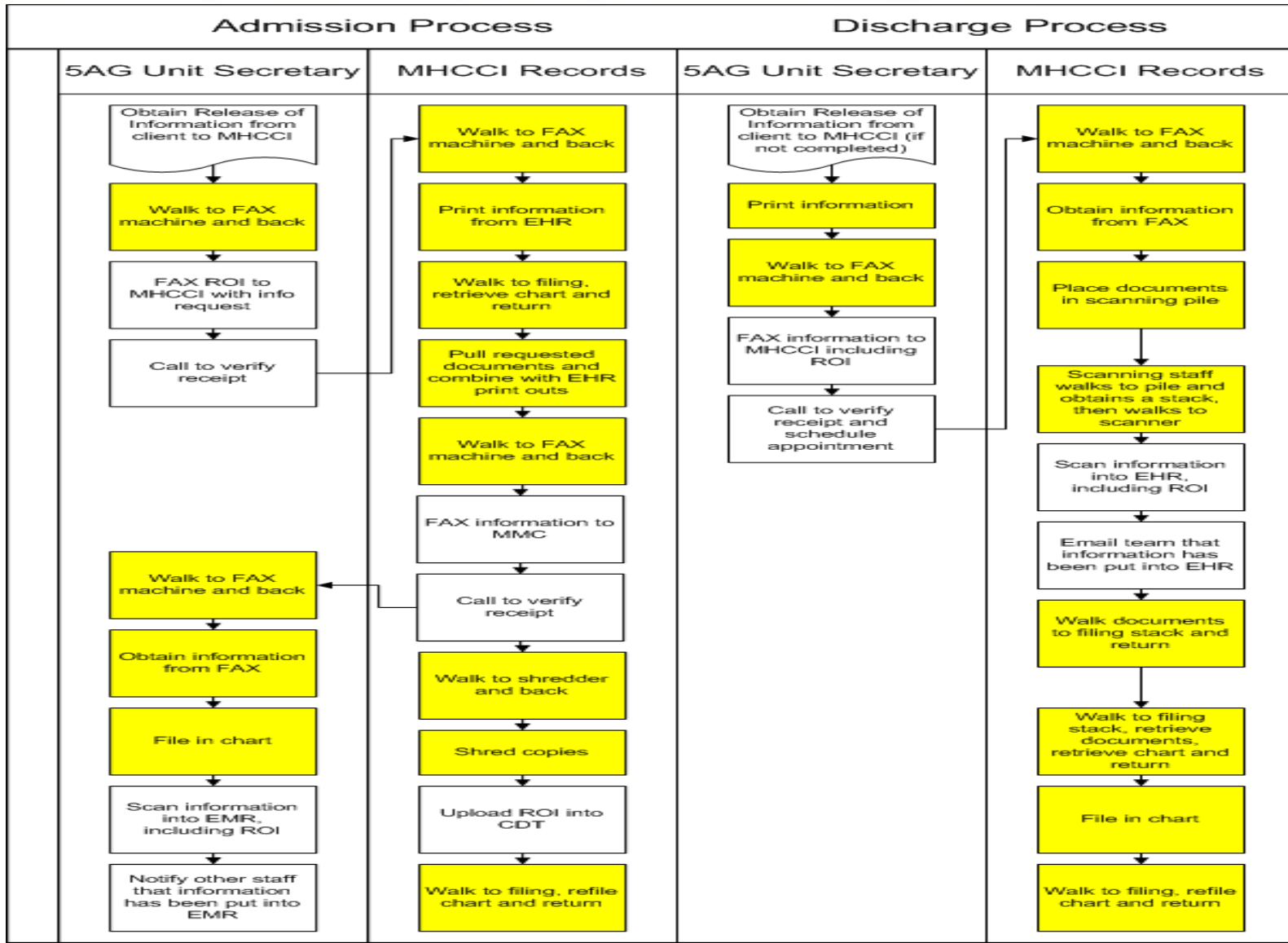
16 mins/case

533 hrs/yr for ~2000 cases

SERVICE IMPROVEMENT

Seamless discharge process; documents available at first encounter

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Process Savings

Time Study and Savings

Activities:

- FAX: 4 minutes
- Filing: 7 minutes (may take 3 weeks in total)
- Gathering Paperwork: 11 minutes
- Shredding Paperwork: 2 minutes
- Walking: 18 minutes
- Calling: 5 minutes
- Emailing: 3 minutes

Benefits

- Decreased Paper work time (less copying, faxing, hunting for hardcopies)

- Faster turn around time on documentation communication (project goal is 2 hours)

- Evening and weekend communication

- Faster access to documentation due to removal of filing

- Better tracking and reporting of outcomes and patient visits to the Emergency Department (ED)

Benefits

- Staff notification of ED visit and/or hospitalization

- Increases the ability of staff to do warm handoffs

- Patient information available upon inpatient admission

- Better care coordination

Next Steps

- We are currently working with 3 area hospitals to begin working with them on implementing the same process

- Monitoring reports are being revised using the new Psych Response Team note (Universal Screening and Referral Form replacement) and data access

- New clinical responses are being formulated:

  – Treatment protocols for individuals with frequent visits to the Emergency Department

  – Follow-up contact protocols for individuals presenting in the ED but deflected from inpatient care

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What questions do you have about this use case?

Resources on Promising Use Cases and Behavioral Health

Archived Webinars:

- Towards an Integrated Health System: Findings and Accomplishments of the Illinois Behavioral Health Integration Project (BHIP)

- Promising Use Cases of Electronic Data Sharing:

  i. Improving Existing Programs - Methadone Clinic & Youth in Mental Health Crisis (SASS)

  ii. Creating New Programs and Approaches Using Electronic Data Sharing (ILHIE Direct)

  iii. Mental Health Triage in the Emergency Department

Thank you!

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